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| Issue Classification  | Application/Control No. 10561620 | Applicant(s)/Patent Under Reexamination MEISEL ET AL. |
| | Examiner JACOB T MINSKEY | Art Unit 1791 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS | | SUBCLASS | | | | CLAIMED | | | | | NON-CLAIMED | | | | | | | |
| 162 | | 164.4 | | | | D | 2 | 1 | H | 21 / 19 (2008.01.01) | | | | | | | | |
| CROSS REFERENCE(S) | | | | | | | | | | | | | | | | | | |
| CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | | | | | | | | | |
| 182 | 184.8 | 184.1 | | | | | | | | | | | | | | | | |
| 516 | 111 | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | | | | | | |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| - | 1 | 6 | 17 | | | | | | | | | | | | |
| 2 | 2 | 7 | 18 | | | | | | | | | | | | |
| 3 | 3 | 5 | 19 | | | | | | | | | | | | |
| 4 | 4 | - | 20 | | | | | | | | | | | | |
| 8 | 5 | - | 21 | | | | | | | | | | | | |
| 9 | 6 | - | 22 | | | | | | | | | | | | |
| 10 | 7 | - | 23 | | | | | | | | | | | | |
| 11 | 8 | | | | | | | | | | | | | | |
| 12 | 9 | | | | | | | | | | | | | | |
| - | 10 | | | | | | | | | | | | | | |
| - | 11 | | | | | | | | | | | | | | |
| - | 12 | | | | | | | | | | | | | | |
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| /JACOB THOMAS MINSKEY/ Examiner.Art Unit 1791 (Assistant Examiner) | 12/17/2009 (Date) | Total Claims Allowed: 12 | |
| /Eric Hug/ Primary Examiner.Art Unit 1791 (Primary Examiner) | 12/18/2009 (Date) | O.G. Print Claim(s) 16 | O.G. Print Figure None |